

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10/789811

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1							51								
2	1	1					52								
3		1					53								
4		1					54								
5		1					55								
6		1					56								
7		1					57								
8		1					58								
9		1					59								
10		1					60								
11		1					61								
12	1						62								
13	1						63								
14							64								
15							65								
16							66								
17							67								
18							68								
19							69								
20							70								
21							71								
22							72								
23							73								
24							74								
25							75								
26							76								
27							77								
28							78								
29							79								
30							80								
31							81								
32							82								
33							83								
34							84								
35							85								
36							86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	3	1					TOTAL IND.								
TOTAL DEP.	1	1					TOTAL DEP.								
TOTAL CLAIMS	4	2					TOTAL CLAIMS								